



STATE OF TENNESSEE  
DEPARTMENT OF ENVIRONMENT AND CONSERVATION  
DIVISION OF AIR POLLUTION CONTROL  
9TH FLOOR, L & C ANNEX  
401 CHURCH STREET  
NASHVILLE, TN 37243-1531

Certified Mail 7011 0110 0000 4008 7079

April 1, 2013

Mr. Dejan Veljkovich  
Roane Medical Center  
8045 Roane Medical Center Drive  
Harriman, TN 37748

Re: 73-0237-01/66970, Construction Per  
Center Drive, Harriman, TN 37748

Dear Mr. Veljkovich:

The Division has reviewed your construction  
contaminant sources). Based upon this review

Division Rule 1200-03-09-.01(1) (a) states in

No person shall begin construction  
and received a construction permit from

Division Rule 1200-03-09-.02(2) states in pertinent part that:

No person shall operate an air contaminant source in Tennessee without first obtaining an operating permit  
from the Technical Secretary except as specifically exempted in rule 1200-03-09-.04 of this chapter.

Air quality permits contribute to a cleaner environment and healthier citizens in Tennessee by maintaining federal  
National Ambient Air Quality Standards (NAAQS) for air pollutants in attainment  
in nonattainment areas. The Tennessee Air Quality Act allows for enforcement  
Regulations. The above described violations will be evaluated to determine  
have any information that proves the violations did not occur, or if you have  
relative to the violations, you may submit that information in writing to the  
Church Street, Nashville, Tennessee 37243-1531. To ensure that information  
submitted within 20 days of your receipt of this Notice of Violation.

Technical inquiries surrounding this allegation of noncompliance should be  
questions concerning the enforcement process should be directed to Tam  
tammy.gambill@tn.gov.

Sincerely,

*John A. Trimmer*

John A. Trimmer, Chief  
East Tennessee Permit Program

JAT/ODJ APC-44S

cc: Knoxville Environmental Field Office

73-0237-01-S2 Green File

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"><li>Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>Print your name and address on the reverse so that we can return the card to you.</li><li>Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>		<p>A. Signature <i>X Dejan Veljkovich</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>DEJAN VELJKOVICH</i> C. Date of Delivery <i>APR 05 2013</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
1. Article Addressed to: <i>Mr. Dejan Veljkovich Roane Medical Center 8045 Roane Medical Center Drive Harriman, TN 37748</i>		7011 0110 0000 4008 7079	
2. Article Number (Transfer from) PS Form 3811		2004 Domestic Return Receipt 102595-02-M-1540	

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only. No Insurance Coverage Provided)	
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Total Postage & Fees \$	
Sent To <i>Roane Medical Center</i> Street, Apt. No. <i>8045 Roane Medical Center Drive</i> or PO Box No. <i>Harriman, TN 37748</i> City, State, ZIP+4	
PS Form 3800, August 2006 See Reverse for Instructions	